

JAN 13 2005

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:

Ralph Rhein) Group Art Unit: 1774
Serial No. 09/867,063) Examiner: Tamra Dicus
Filed: May 29, 2001)
Title: DRY INK TRANSFER SYSTEM)

MAIL STOP AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

A M E N D M E N T

Sir:

This amendment is in response to the office action dated December 3, 2004.

Please amend the above-identified application as indicated herein.

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper. This listing replaces all prior listings and versions of claims.

Remarks/Arguments begin on page 10 of this paper.

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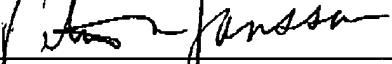
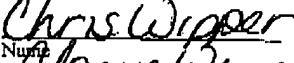
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AMENDMENT TRANSMITTAL LETTER (Small Entity)				Docket No. CLR-103US	
Applicant(s): Rhein					
Application No. 09/867,063	Filing Date 05/29/2001	Examiner Tamra Dicus	Customer No. 24314	Group Art Unit 1774	Confirmation No. 5733
Invention: Dry Ink Transfer System					
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COMMISSIONER FOR PATENTS:					
Transmitted herewith is an amendment in the above-identified application.					
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	33 -	41 =	0	x \$9.00	\$0.00
INDEP. CLAIMS	3 -	3 =	0	x \$44.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/> \$0.00					
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT \$0.00					
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 10-0270 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
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Signature Peter N. Jansson, Reg. No. 26,185 Jansson, Shupe & Munger, Ltd. 245 Main Street Racine, WI 53403 262/632-6900					
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